

Covenant School of Nursing Reflective



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the incident, with relevant details. Remember to <u>maintain patient confidentiality</u>. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice about yourself? • How will you use this experience to further improve your practice in the future?

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Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

<p>Step 1 Description</p> <p>Today during SIM, I was assigned the role as Nurse 1. I was caring for a simulation patient who came in with pneumonia. He was very frustrated and upset because this was his 3rd encounter with this disease in just one year. I first checked his vital signs and noticed a high temperature and low O2 sat. I inserted his nasal cannula and then left the room to get his medications. He had some medications scheduled, but his acetaminophen was based on his temperature, and since he was running fever, I pulled it to be administered. Upon returning to the room, I finished my 7 rights and proceeded to give his medications when he started coughing and said he was having difficulty breathing. I gave his water and he took his medications in one gulp. He still complained of SOB. His daughter, who was in the room, offered his inhaler. I knew he had an inhaler prescribed, so I grabbed it from her and gave it to him. I immediately knew it was a mistake.</p>	<p>Step 4 Analysis</p> <p>This can help me in other situations because no home medications should be given to patients. All medications given to our patients should be pulled from the pyxis that was filled by pharmacy according to the physician's orders. This does not just apply to medications either. Most family members try to help their loved ones or make them feel more comfortable with home ideas, but this is not always the best practice. Sometimes family members want to bring food that does not correlate with the provider's diet order for the patient. Other times family members may bring specific lotions or creams that the patient would normally use at home, sometimes this is okay, but it is always best for the nurse to know of any products or food given and used that are not from the hospital.</p>
<p>Step 2 Feelings</p> <p>I was nervous being Nurse 1 because I knew I would have to delicate the plan and do the majority of the nursing care. I was a little nervous and stressed that I may miss an important element from the chart, but I went into the patient's room confidently. We started by introducing ourselves to the patient and his family member. The other nurse and I quickly checked all vital signs and then informed them we would be back with his medications. When we returned, I felt confident in the administration process. I was patient and informative about the drugs and their reasonings. Once all medications were given, the patient immediately started complaining of difficulty breathing. I panicked and gave him the inhaler his daughter had with her. I immediately knew this was wrong once he inhaled. Thankfully simulation was over, so I could discuss my problems and receive some feedback.</p>	<p>Step 5 Conclusion</p> <p>I could have bettered this situation if when the daughter offered the inhaler, I should have asked what it was, what it was for, checked if it had my patient's name on it, checked the physician who prescribed it, and then just check my patient's chart. I knew an inhaler was on his list of medications, but I did not pull it from the pyxis because it was not time for another dose since he had just taken one previously. Overall I should not have even considered taking the medication from the daughter.</p>
<p>Step 3 Evaluation</p> <p>My confidence speaking to the patient was much better than when I am in the hospital. Also, I felt being second to demonstrate a given scenario gave me a better advantage because I sort of knew what to expect. My other nurse was a great help and she followed my planned and we worked quite well together. My patient had been complaining whenever I first introduced myself, so I figured after medications were given he would feel better. Some vital signs did improve, but we just came across one issue. He may have needed an inhaler to help his breathing, but I should not have given the one from his daughter without checking the name on the prescription or even asking what it was.</p>	<p>Step 6 Action Plan</p> <p>Throughout my care, I felt confident and had my patient under control. However once things started to get a little messy, with my patient coughing, complaining of SOB, and getting frustrated I should have remained calm. I did first offer water, raise his HOB, and inform to cough up secretions and sputum, but once those did not cure his problem, I panicked. His daughter throughout a suggestion and my better nursing judgement did not react. I think it is best to focus more on the needs of the patient and the comments they make or the feelings they express, instead of paying so much attention to their family members. Sometimes, I as a student, find myself talking to the family members and trying to please them and their needs, but our number one priority should always be the patient.</p>